

THE MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

EDITED BY J. B. BIDDLE, M. D. AND M. CLYMER, M. D.

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THE VARIOLOID DISEASE.

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[Reported for this Journal.]

WHAT were the struggles and difficulties with which vaccination had to contend in the commencement, and how slow and reluctant were the concessions to its validity and usefulness, are sufficiently known. To receive, at once, a discovery so novel in itself, of such high pretensions, and opposed, as it was, by the whole tenor of analogy and experience, could not reasonably be expected. It was, accordingly, subjected to the severest ordeal its enemies could suggest; and, in this scrutiny, objections were removed, prejudice after prejudice worn away, till conviction took the place of doubt and hesitation, and its triumph was signal and complete.

During many years, this state of unqualified confidence continued unabated, in every enlightened section of the world. Now and then, it is true, an instance of failure would occur, from causes not at all to impeach its general power of protection, by which some clamour against it was raised, and some temporary popular distrust created. The profession, however, with one or two immaterial exceptions, seemed insensible to such impressions, and remained, with wonderful consistency, steadfast in their faith. Confiding, indeed, too implicitly, our discernment to real imperfections became impaired, and even a disposition approaching to intolerance arose, which made it reproachful to seem incredulous, much less to express doubts as to the infallibility of the process. But, now, under a sort of panic terror, we are hastening into an opposite extreme, prepared to confess our errors, and renounce that practice which had been cherished and defended, with the vehemence and intensity of blind devotedness. Can such a course be reconciled to what is due to our dignity, to the cause we have heretofore so warmly espoused, or to that community which looks up to us to guide them in this momentous concern, by our science and deliberative wisdom? Every obligation, properly operative in the case, directs us to pause, to retrace calmly our steps, and dispassionately to survey the whole subject, to contemplate it in its various lights, to contrast its merits with its demerits, and studiously, by every help, to endeavour to arrive at a just decision.

That vaccination has sometimes proved inefficient, is not denied even by its warmest advocates. To this point evidence has, by degrees, accumulated, of such force and certainty, as not to be resisted.

The sources of many of these failures, I have in a preceding lecture fully developed, and shown that, for the most part, they are under our control,

and, as proceeding from ignorance or negligence, may, by proper care, be hereafter avoided.

In relation to the subject, such was pretty generally the sentiment, when a disease broke out in Europe, which has led to some new views, and, ultimately, as must be confessed, to a much lower estimate of vaccination than formerly.

This disease seems to have prevailed for the first time to any extent at Edinburgh, in the winter of 1818. It had previously shown itself in several provincial towns of Scotland; and though exciting some curiosity, commanded no serious attention. Contemporaneously, or nearly so, it raged in England, particularly at Norwich, as well as on the Continent, in France, at Geneva, in Italy, in Holland, and Germany.

Emanating from these points, it progressively spread throughout Europe, scarcely any one portion of it escaping. Crossing the Atlantic, it appeared the next year among us, diffusing itself over the United States, thence into Mexico, South America, and the Antilles—subsequently broke out in the East Indies; and seems in a greater or less degree to have pervaded the world, affording an instance of one of the most extensive epidemics on record.

It is described by the foreign writers as assailing three classes of persons,—those who had passed through small-pox naturally or artificially—those who had been vaccinated, and those who had been subjected to neither of these processes.

By Professor Thompson, of Edinburgh, an elaborate treatise has been published, embracing a formal and systematic history of the disease. Declining, for obvious reasons, to follow him in detail, I shall attempt to present, in a mere summary, some of the leading and most important of his matter.

In persons having had neither small-pox nor cow-pox, the eruption is represented as preceded by fever, commonly of great violence, though sometimes comparatively moderate, continuing for three days, and eventuating in a variolous eruption of various gradations of severity. Of two hundred and five persons, whom he saw in this form of the epidemic, fifty died, making a proportion of one in four, which, independently of other evidence, shows its violent and uncontrollable nature. In those who had previously had small-pox, the eruptive fever, in very many, was severe, and in others, so mild, as scarcely to be perceptible. The eruption, for the most part resembled the chicken-pox in its several varieties, though in some instances it had the appearance either of the discreet or confluent small-pox. Of this form of the disease, he saw or heard of seventy-one cases, three of which died, giving the proportion of one in twenty-three. It is worthy of remark, that in two of the fatal cases, the attack recurred in a few weeks after having had small-pox.

The disease in persons previously vaccinated, seems not to have differed materially, from that under the immediate preceding circumstances. Describing it, he indeed employs nearly the same language, though on the whole, it may, I think, be collected, that such cases were milder. Even when the fever was ever so violent, it almost uniformly ceased on the appearance of the eruption. Now and then, however, it assumed the shape of some of the worst species of small-pox, and ran a protracted course. It would be very interesting to determine, whether the system in these inveterate cases, had been protected by vaccination faithfully done. We are now aware to how many contingencies is that process exposed. Be this as it may, it is consolatory to learn, that of three hundred and ten individuals affected after vaccination, only one perished, and whose death can hardly be ascribed to this cause. Of the above number, forty had the disease a second time,—only a single instance is mentioned of its returning a third time, and repetitions of attack were distinguished by no peculiarities. It is observable that a large proportion of those who were seized with the disease, after vaccination, had been in the intervals inoculated with small-pox, or exposed to its agency, without being affected. From the accounts in my possession, there was such an essential uniformity as it prevailed generally abroad, that what I have stated may suffice to convey an adequate notion of the epidemic.

As it appeared in various sections of the United States, my knowledge is not very precise. The accounts, however, which were furnished me at the time, by two of my correspondents at Lancaster in this state, where it first occurred, show it in an aspect very different from its exhibition in Europe. It broke out in November, 1818, and was alleged to be traced to some German emigrants who disseminated it in passing through that city into the interior of the country. The disease, it is true, attacked indiscriminately the variolated, the vaccinated, and unprotected, though not in the same proportions. Of the first description, or those who had previously had small-pox, there were six cases, of whom none died—of the second, or vaccinated, forty, two of whom, very young children, died in convulsions—and of the third, or unprotected, three hundred and fifty, among whom there were four deaths. This slender mortality, with some other facts, lead me to suspect that the disease was varicella. It may be remarked particularly, in confirmation of this suspicion, that chicken-pock seems every where to have preceded or accompanied the more formidable epidemic.

From Baltimore, where it prevailed in the winter of 1821, and still more violently in 1822, my intelligence is still more defective. It is stated, however, to be the common impression, that it was imported from Liverpool—though this is doubted—and we learn that it occasionally attacked both the vaccinated and variolated, I presume in a mitigated shape, since no death occurred under such circumstances. The unprotected suffered much, many being affected, attended with a mortality of about one in six or seven cases. This is the substance of various communications which

have reached me, separated from a mass of vague and contradictory statements.

In relation to the disease in this city, so early as June, 1823, an eruptive fever, which was considered as ordinary varicella, made its appearance, and spread pretty extensively. Contemporaneously prevailed also scarlatina, rubeola, and erysipelas, with a variety of anomalous cutaneous affections. Measles, especially, was very rife, and generally of a highly exasperated character, so that former attacks of the disease, in several instances, afforded no protection. During the existence of these exanthemata, some time in July, four cases of very strongly variolous character occurred, nearly at the same time, in widely separated parts of the city, the origin of which could not be traced to any source of contagion. Cases of this description generally multiplied, and by the commencement of November they had become numerous, though almost exclusively confined to Southwark, among the poorest class of our population.

It was about this period, that some alarm was excited by the occasional occurrence of it in persons who had been previously vaccinated, and such failures daily increasing, no doubt was longer entertained, that the same epidemic which elsewhere produced so much solicitude, had broken out among us. The disease henceforward ran its course, and in most of its features, conformed to what has been observed in regard to it in other places. It attacked the variolated, the vaccinated, and unprotected, occasioning those modifications under the several circumstances stated, which are so accurately described by the foreign writers. As far, indeed, as came under my own immediate observation, there was no material difference. Every degree was presented from that of the mildest varicella to the most malignant small-pox. Generally it was of the former character. Commencing with a slight fever, which endured from one to three days, the eruption appeared, sometimes merely an efflorescence, though usually as minute papulæ, many of which speedily dried away, while others ran on to the formation of vesicles or pustules. The latter were of diverse shapes, conoidal, lenticular, oval, circular, flattened on the surface, with a central depression, and an imperfect areola around some of them, bearing, on the whole, a resemblance more or less to the vaccine or variolous pustules. Great difference existed as to the extent of the eruption, and the manner in which it came forth, in some instances confined, and that very sparsely to the head,—in others, the whole body was covered pretty thickly, breaking out simultaneously, or in successive crops, occasionally of one uniform character, or exceedingly diversified, being papular, vesicular, or pustular, &c. Commonly, all febrile excitement subsided on the manifestation of the eruption; and copious as this might be, it was not followed by any secondary fever. The eruption rapidly faded away. Even when consisting of pustules, these began to desiccate in two or three days, into thin darkish scabs, which soon after fell off, leaving a smooth florid surface, with, perhaps, here and there, a pit or indentation, or a small fungoid excrescence. But this account regards only the benignant form of the affection, in its several gradations. As intimated, it sometimes exhibited

a much more formidable aspect, having every feature, in its progressive stages, of discreet or confluent small-pox, and under circumstances, too, of an antecedent subjection of the system to variolation or vaccination by the most skilful practitioners. Taking place without the mitigating influence of these processes, it was nearly always, apparently, variola, and generally, in its most malignant typhoid shapes, proving as incurable as probably ever was known. But in some particulars the epidemic differed, and among which the protective powers of vaccination proved with us infinitely less than elsewhere. From data tolerably authenticated, it is computed that between four and five thousand failures of this process took place; and I have not been able to collect more than thirty instances of secondary small-pox, and very few, where the previous attack was in the natural way, or so violent by inoculation as to have left any marks behind.*

The following table, taken from the report of Drs. Mitchell and Bell, who had charge of the small-pox hospital, is interesting in several views. It furnishes a statement of the result of one hundred and forty-eight cases of the disease:

"There were forty-seven cases in persons who had been previously affected by vaccination, none of whom died. Eight cases occurred in persons previously affected with small-pox, of whom four died and four recovered. Ninety-three cases were in persons who had not had either disease before, of whom fifty-two died, and forty-one recovered.

"Of the whole number, sixty-nine were whites, and seventy-nine persons of colour. Two, out of the eight persons, who had small-pox a second time, took it the first time naturally, or without inoculation. Eight of those vaccinated were so during the prevalence of the epidemic, and some of the mildest cases were in the persons of those who had been vaccinated upwards of twenty years before."

This table includes the results only to the 14th of January. The relative proportions, however, subsequently, in every respect, were pretty nearly the same.

The record of the *Board of Health* up to the same time, shows that little more than three hundred died of small-pox, and four only of the varioloid disease; whether the last followed variolation or vaccination, does not appear.

No instance, at this period, or for several years afterwards, came within my knowledge of any repetition of attack in the same person, as noticed in Europe. But subsequently, I have seen it in three families to the amount of seven cases.

It may here be remarked, that the disease, in conformity with most others dependent on a specific contagion, gradually declined on the accession of warm weather, and by the 1st of June entirely subsided. The next winter, however, it reverted, though sparsely, and thence ceased, with perhaps

here and there a separate case, till the succeeding winter, when it again returned pretty much in the same manner as before. From 1825 to 1827, so little was heard of it that hopes were entertained of its total disappearance, when it once more revisited our city to a considerable extent. During the next two years, it became nearly extinct, and so continued till the winter of 1830, on which occasion, numerous cases recurred. Not much was heard of it after that period, though occasionally solitary instances were met with. But in 1833, it again revived and spread widely, since which, we have had scarcely any of it, and probably the epidemic has become exhausted. Each of its renewals have been marked by pretty nearly the same phenomena, varied chiefly by gradations of violence, and in every instance preceded by varicella, scarlatina, rubeola, as well as by an infinity of anomalous eruptions, and other cutaneous affections. Do not suppose that we have been exclusively the victims of this disease. Nearly all our cities, and many portions of the country, have been exposed to its ravages, during the same period, though excepting, perhaps, New York, not in the same degree.

(To be continued.)

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PHILADELPHIA, SEPT. 12, 1838.

THE following notice of the yellow fever, now prevailing at Charleston, S. C., is extracted from a letter written by Dr. DE SAUSSURE, of that city, to a medical friend now at Philadelphia. We hope to receive a more detailed account of the symptoms, treatment, and statistics of this fever from the same source; in the meanwhile, our readers will find this notice of the fever extremely interesting—coming as it does from a well educated and careful observer.

"CHARLESTON, August 31, 1838.

"Native children are now beginning to be attacked. The disease has not, however, increased as rapidly as its commencement threatened. The first cases were fatal to a most alarming degree. Out of twenty or thirty which I either saw or heard of, not one recovered. Of these, one was a patient of my own, a young man aged twenty-three. Since that time, the disease has varied very much; some of the cases are distinct yellow fevers of a single paroxysm, others assume a remittent and milder form. I find great difficulty in taking notes of the cases, as the patients enter the hospital after the fever has gone off, and then there is scarcely any thing to note; gradual prostration, injected eyes, yellow skin, and black vomit forming all the symptoms.

"I have seen no petechiæ, rose coloured spots, or sudamina. In most of the first cases a single paroxysm of fever was distinctly marked with violent

* It is a very curious fact, that neither Dr. Physick nor myself, on this or on any other occasion, ever met with an unequivocal instance of secondary small-pox. Many of the cases reported to be such I visited, and detected a source of deception which ought to be guarded against in the investigation of the subject. The disease chiefly prevails among the most stupid and ignorant classes of society, by whom the term inoculation is only employed, and hence they are apt to report themselves as having been variolated, when really the act was that of vaccination.

pain in the head, back, and limbs, injected eyes, great oppression at the præcordia, and, sometimes, irritability of stomach. Of these symptoms, the three first are especially characteristic of the disease. After the hot stage, which lasts from ten to seventy, or eighty hours, the fever goes off, leaving a hot skin, slow, small pulse, great thirst, and injection of the eyes, anxiety of countenance, tongue dry, red, and swollen, covered with a dark fur, and, sometimes, delirium. Black vomit now comes on, with numerous stools, consisting of a similar liquid. The pulse sinks, the skin becomes cold and of a dark yellow colour; delirium goes off, the patient feels easier, lies quietly on his back, says he is well, and dies. On examination after death, we find violent inflammation of the stomach, sometimes engorgement of the liver; the gall bladder filled with a greenish black bile, of the consistence of tar; the other organs are healthy, but the blood is very fluid and has entirely lost its consistence.

"I have not seen a case of typhus fever. Those which are sometimes called here by that name, are malignant remittent fevers, without delirium, injected eyes, or foul tongue. There is no diarrhœa, and no change in the appearance of the skin. In several of the cases, the fever subsided and left the patient apparently convalescent. At the end of two or three days it returned, accompanied by diarrhœa and sudamina, and, in one case, the diarrhœa was attended with such copious discharges of blood from the bowels as quickly to destroy life."

CLINICAL LECTURES.

LECTURES ON CLINICAL MEDICINE, delivered at the Philadelphia Medical Institute, by W. W. GERHARD, M. D., Physician to the Philadelphia Hospital, &c.

CHRONIC LARYNGITIS—TREATMENT.

(Continued from page 273.)

THE treatment of chronic laryngitis is always a matter of great difficulty; indeed, when the case has become complicated with tuberculous disease of the lungs, you will find no plan of treatment of much avail. These cases of consumption are the most intractable, and most painful to the patient. It is of little moment whether the disease of the throat has occurred very early, or whether it is merely one of the sequelæ of phthisis; in neither can you hope to succeed in arresting the disease of the throat, if ulceration has once commenced. You have seen enough of these complaints, to understand that a cure is scarcely possible, when the interior of the larynx is constantly irritated by the passage of diseased secretions from the lungs, and by the motion caused by either speaking or deglutition. Still a cure does sometimes take place

spontaneously, and may be aided by a judicious treatment.

I once saw a case of most complete cicatrization of the larynx, where the vocal chords had been completely destroyed, and the epiglottis was contracted much within its usual dimensions. The voice, of course, was not restored, but the patient was quite healthy, and died of a disease in no wise connected with the larynx. If the destruction has been complete, you must not therefore look for entire restoration of the functions of the larynx, but for the cessation of the local pain felt in coughing and swallowing, as the test of the disease having quite abandoned its acute character. With the cessation of the pain, there is an end of the acute form of the disease which is attended with active inflammation; but there is a form of chronic laryngitis in which the uneasiness is so slight as not to be felt by patients of obtuse sensations. In these cases, the proof of entire cicatrization is very difficult of attainment. You can only judge in an approximative manner, by the diminution of the hoarseness of the voice, and by the cessation of the harsh, stridulous, laryngeal cough, as well as the disappearance of the clotted, opaque sputa, which are formed in the larynx.

The cases that you have just seen of phthisis, accompanied with chronic laryngitis, were not of the most favourable kind for treatment. Still, in both cases, there were results of a very positive and gratifying character. One patient left the hospital with the symptoms of phthisis much mitigated, and the laryngeal affection decidedly improved. He will not recover, but the relief which he obtained is in itself a most desirable object. The other patient was still more decidedly benefited; he has no soreness of the throat, and can speak almost in his natural key. These cases exemplify the only treatment for affections of the larynx which I conceive to be called for; I had almost said, which was justifiable in an advanced stage of phthisis. I directed for both of them merely inhalations of laudanum and water, to be repeated several times a day. About a drachm of laudanum was poured on some boiling water in an open vessel, and the patient was directed to breathe over the cup twice daily. This mode has some advantages in such cases over any inhaler; it is preferable to using any vessel with a spout, as it avoids all straining or forcing of the muscles of respiration, and at the same time the patient receives a sufficient portion of the aqueous vapour charged with alcohol and the narcotic properties of the opium. You may readily renew the heat by placing a spirit lamp occasionally beneath the vessel containing the liquid. The vapour of tar, which has been so much lauded in the treatment of phthisis, is often of great service in these cases, but is most useful in those varieties in which the inflammation extends over the pharynx, and thence into the larynx and trachea. I am not disposed to exaggerate the value of inhalations,—they have been greatly abused, or at least have been extolled much beyond their value; but they certainly furnish the most direct mode of acting upon the lining membrane of the air passages, and may be managed so as to avoid all risk to the patient.

In these cases, leeches are often advisable; but

they should be applied rarely and in small quantities,—for a large abstraction of blood by leeches applied over the trachea, debilitates extremely, and should be avoided at an advanced stage of phthisis. Now the very reverse of this obtains in the commencement of the very same disease; but two or three days since, I prescribed leeches above the summit of the sternum for a young lady who labours under the commencement of phthisis; the relief from a most distressing sensation of tickling and itching throughout the windpipe, was immediate. I have seen similar results very generally follow in such cases, and regard the application of leeches as much more certainly useful in laryngitis and inflammation of the trachea, than in most cases of disease; but you must always carefully select the proper time and mode of application, or you will find it positively hurtful. I would give you the following practical rule: when there is soreness of the larynx and trachea, and pain on pressure, without the permanent alteration of the voice and appearance of the sputa indicative of ulceration, you may take from two to six ounces of blood, with almost certain advantage. The soreness of the larynx which accompanies the clergyman's sore throat, is nearly as certainly relieved as that which is confined to the peculiar affections of this organ. This leeching may be repeated, if you find that the patient is not rapidly losing his colour, or showing other signs of excessive loss of blood. You must not, however, expect that when extensive ulceration of the mucous membrane of the larynx has taken place, and still less when the cartilages are necrosed, that the abstraction of the blood from the neighbouring parts, will cure the disease; it can no more change this state of things, than arrest the progress of white swelling when the cartilages of the knee-joint are partially eroded. There is nothing to be done, but to check as far as possible the irritation of the part by appropriate inhalations, and then trust to the gradual operation of nature in throwing off the diseased portion. In the syphilitic variety, a mercurial course may be most useful; indeed, you may sometimes succeed in curing cases of the most unpromising appearance, provided they depend upon a venereal cause.

In the late work of Trousseau and Belloc, on chronic laryngitis, which obtained a prize from the Academy of Medicine, much stress is laid upon the cauterization of the larynx. This may seem a bold procedure, and doubtless requires much skill to avoid mischievous effects; but if the operation be practised with care, these authors state that it is not very difficult, and is of great service. They sometimes touch the mucous membrane of the larynx, at its entrance, with the nitrate of silver, but more frequently sprinkle the interior of this organ with a solution of the caustic, by means of a syringe constructed for the purpose. Of course, the great difficulty in the operation consists in introducing the injection behind the epiglottis, and in preventing the caustic from disorganizing the membrane of the larynx, or irritating the adjacent bronchial tubes. I have never attempted to perform this operation, and cannot therefore speak to you from personal knowledge of its powers; but if I were to form any opinion upon the subject, I should conclude from the remarkably beneficial

effects of inhalations, that it was a useful mode of treatment in the hands of those who are skilful enough to employ it. It has one great advantage; it irritates but little the bronchial tubes.

External irritants are recommended, perhaps in part from a kind of habit, which makes them always enter into the list of remedies advised for all chronic inflammations. That they are often grossly abused, no one can doubt; and we may regret that we have no means of distinguishing with certainty those cases which are really benefitted by external applications, from those in which they are either useless or injurious. The subject, however, is perfectly open for observation, and may be readily settled on a rigidly determined basis by careful observation. My own experience enables me to give you the following rules as tolerably well fixed. Blisters are rarely useful; I usually avoid them, and would restrict their use to the sub-acute forms of laryngitis; I have seen little benefit, and often much injury, result from their use in the very acute and in the chronic cases. Caustic issues and setons are both troublesome and painful, and rarely of benefit. Frictions over the larynx and trachea, with a stimulating liniment, particularly one so mild as to allow of gentle and long-continued application, are much more useful; indeed, you will often find them of signal advantage in cases of sub-acute laryngitis, and sometimes of service in the more intractable chronic varieties. Weak sinapisms, frequently applied, are also useful, and less inconvenient than liniments.

There are many less important medicinal agents which I am in the habit of using: some of them you have seen me prescribe. These are chiefly the opiates and demulcents; although these medicines are regarded as mere palliatives, they are nevertheless highly important, and prevent the increase of the laryngeal affection. Nothing acts more injuriously upon the larynx, or is of more immediate injury to it, than frequent coughing,—and any simple remedy which can check the constant disposition to cough, is something more than a palliative—it prevents that constant motion of the larynx which hastens the progress of incurable cases of laryngitis, and is a serious obstacle to the recovery of those which are less advanced. The opiates are advantageously combined with ipecacuanha. I greatly prefer the form of lozenge; a medicine which dissolves very slowly, acts more certainly and more completely relieves the distressing sensation of tickling about the entrance of the larynx. You may give a lozenge four or five times daily, containing from the twentieth to the twenty-fifth of a grain of sulphate of morphine, with gr. $\frac{1}{4}$ to gr. ss. of ipecacuanha; to this I sometimes add a minute portion of antimony.

Whatever treatment you adopt in chronic laryngitis, you will soon find that in no disease is it more necessary to attend rigidly to those hygienic rules, which are here often so much overlooked. The larynx, from its structure and position, is extremely exposed to the causes of disease; and when its mucous coat is ulcerated, or its cartilages denuded, no cure can reasonably be anticipated, unless you protect the organ from the deleterious action of external causes, and keep it as nearly as possible in a state of rest. It is therefore a matter of

absolute necessity to keep the patient as silent as possible, and to guard him from sudden changes of temperature. A damp, moist air, is often soothing to the larynx, and rather diminishes the tendency to cough; but if the air be damp, and at the same time chilly, as is the case when easterly winds prevail in this climate, patients with laryngitis nearly always suffer, and cough much more frequently than at milder seasons. A very dry, cold air, produces very variable effects; if the patient be extremely feeble, it is usually injurious, and proves directly debilitating; but if his strength be still retained, the influence of cold, dry air, is no otherwise injurious than as a direct irritant to the larynx. Extremes of heat are injurious on other grounds,—a patient debilitated by the intense heat of summer always suffers from an increase of laryngeal symptoms—he is besides liable to profuse perspiration, which is suddenly checked by draughts of air. Now, from all these causes of disease, it will be your duty to protect the patient, more carefully, perhaps, when suffering from laryngitis, than any other disease; the extraordinary susceptibility of the larynx renders it difficult to restore it to the normal condition when seriously affected.

Silence should be enforced in all acute inflammations of the larynx; but in its chronic diseases, absolute silence is impracticable. All that we can do, is to direct the patient to speak as little as practicable, and to avoid all loud or prolonged exertion of the voice. When recovery takes place, you must permit your patient to return but slowly to his usual tone of voice and habits of speaking, otherwise he will be exposed to a continual recurrence of this most troublesome disorder.

BRONCHITIS.

BRONCHITIS is an affection, which is rare during the summer months of the year. Most of the cases which occur in our wards are met with in the winter season; and they are generally engrafted on some other affection, for we have few instances of pure acute bronchitis in hospital practice. In its simple ordinary form, it is too slight a disease to require much attention, and in the large majority of cases is left to the unaided efforts of nature. Patients affected with phthisis will tell you, that they laboured first under a bronchitis, which may have been ordinary or secondary. They usually suffer it to run on until it reaches a stage which compels them to seek for medical relief, and they then enter the hospital. Hence in hospital practice, we see only severe and grave cases, which, in many points of view, is advantageous in the study of disease.

We have a case now in the hospital, which is rather unusual: it is not perfectly pure bronchitis, for, as I have said, that is comparatively rare, but it is complicated only with slight pleurisy. The patient is extremely stupid, and we were therefore not able to gather from him much of his anterior history. He is a stout and strong man, a labourer, born in Ireland, entered the hospital the 24th of June. He had been in the out-wards of the house from the 15th of April till the 13th of June, when he went out of the house, and went to work at Havre de Grace. He had no cough of severity until he was hurt on the 21st of June by a bank of sand

falling on his breast, and principally on the left side, which became immediately painful, and soon after he became oppressed; he was not bled. Two days after he came to Philadelphia on the rail-road cars, without suffering much pain, and entered the hospital on the 23d; he has been subject to colds, but never had one of any severity. On the 24th, the day after his admission, his condition was the following:

Intellect extremely dull, and memory bad; face slightly œdematous under the eye-lids; feet not swollen, voice hoarse, cough loose and hoarse, appetite lost, slight pain in the left side of the breast, chiefly under the axilla; none in the right side; this pain is increased by breathing; dyspnœa caused by breathing and speaking; skin moist and cool; pulse eighty-four, quick and thrilling; respiration twenty; chest anteriorly full; percussion clear throughout anteriorly and posteriorly, but less marked on the left than on the right, and the left side not so full as the right; sonorous and mucous rhonchi on both sides, anteriorly respiration vesicular and slightly feeble; ordered

Mist. pectoral f3v.

Syrup scillar. f3i.

M. S. 3ss. q. h. secundâ.

June 25th.—Man much oppressed; face flushed; dorsal decubitus; loose mucous cough. Pain extending over the sternum, especially towards left side; pulse ninety-six, rather full and resisting; tongue moist, a little whitish; cephalalgia in the morning, and at night very severe, preventing sleep. Sonorous rhonchus extending throughout the whole of the chest; mucous rhonchus in the lower third of the left side; percussion at the base of the right side a little less clear than at the left; the pain was in the right side, but the mucous rhonchus at the left. Venesection—tartarized antimony, two grains dissolved in a quart of flaxseed tea, to be taken during the day and night.

From the 25th to the 29th, the oppression and pain in the right side ceased completely; the flush of the face disappeared. The patient was cupped upon the chest after the bleeding.

June 29th.—More oppressed; sweating profuse on the 28th. No pain in the right side, which has not returned since the bleeding; cough very loose; soreness at the upper part of the sternum severe in coughing. Tongue moist; appetite bad. Chill last evening. No palpitation. Pulse eighty-four, rather feeble, regular. Perspiration twelve. Impulse of the heart clear; both sounds clear, distinct, but distant. Anteriorly mucous rhonchus over the whole left side of the chest; vesicular on the right where there was no rhonchus; percussion posteriorly clear on both sides, nearly equal, a little in favour of the right; abundant mucous rhonchus at the lower portion of the left side, with sibilant less marked; no stools; no nausea for the last twenty-four hours.

July 2d.—Sweating abundant; pulse eighty-eight; still loose mucous cough; expectoration almost ceased; tongue a little dry at the edges only; one stool yesterday; perspiration decidedly acid, but less so than that of a healthy individual. Abundant mucous rhonchus in the posterior part of the whole chest, particularly on the right side extending throughout, anteriorly respiration feeble

throughout. On the 3d, still cough, but more loose; less dyspnoea. Sweating abundant; a little hoarseness; pain only at the thorax; urinates with difficulty and pain; costive; perspiration now alkaline; sputa decidedly alkaline; urine extremely acid; appetite lost; tongue moist; pulse sixty-four, full and soft; mucous rhonchus throughout posteriorly; the tartarized antimony continued.

July 6th.—Expectoration muco-purulent, not numular; skin cool; pulse regular, moderately frequent; on the left side anteriorly, the respiration is vesicular and pure; sibilant rhonchus at the summit of the right side, with a little rudeness of respiration; percussion clear. Balsam of copaiba gtt. v. four times a day.

July 7th.—Bad taste in the mouth; strength feeble; expectoration thick, yellow, and muco-purulent; twenty drops of elixir vitriol four times a day.

July 9th.—Respiration vesicular throughout the left side; traces of sibilant rhonchus only throughout the right side anteriorly; moist and dry rhonchi abundant; percussion sonorous; sleep interrupted by the cough; sweating profuse; anorexia; thirst; two stools in twenty-four hours; tongue a deep purple, but rather dry; strength feeble; pulse ninety-two; saliva slightly acid, although patient has not taken the elixir of vitriol for four hours; perspiration also slightly acid; treatment continued.

July 10th.—Perspiration and saliva slightly acid; urine extremely acid; took last night by mistake about twenty drops of copaiba; elixir vitriol continued. The oppression continues; anteriorly on the left side respiration clearer; mucous, with some sibilant rhonchus on the right side.

July 11th.—Cough frequent; sweating at night; drowsiness throughout the day; expectoration puriform, thick, running together; twenty drops of laudanum at night.

July 18th.—Cough at night, less during the day; skin cool; pulse eighty-eight, feeble; tongue red, smooth, and clear; appetite bad; sweating last night; one stool in twenty-four hours; pain under the right clavicle; vesicular respiration; imperfect sonorous rhonchus at the internal margin; vesicular simply inferiorly; on the left side fuller and more vesicular; no constant expiration; impulse of the heart increased; sounds clear, the second a little dull; percussion clear on both sides, less so on the right; posteriorly on the right side abundance of sonorous and sibilant rhonchi, rather feeble on the left. Dry cups no. viii. between the shoulders.

July 20th.—The following prescription was ordered:

R. Copaiba ʒj.
Tr. Opii ʒss.
Syr. Tolu ʒj.

Mucil. Acac. q. s., ut fiant ʒiv., S. ʒss. q. h. sec. nocte.

This case, which affords us a very good, although not an uncomplicated example of bronchitis, will enable you to learn the signs of the disease, and the difficulties which sometimes arise from its complication with more grave, though less apparent disorders. The patient was quite well until he was injured by a fall of earth; from that time he began to cough, and at his entrance the bronchitis was fully developed. Now, this is by no means the

usual mode of commencement for bronchitis; and if the patient had given a less connected account of his case, I should certainly regard his statement as very doubtful. As it is, you may well hesitate before you admit entirely the account which he has given you; for his perceptions are dull, and he is therefore not capable of appreciating the slight degree of uneasiness which would arise from a previous chronic bronchitis. Of one thing, however, we are certain; that is, that the bronchitis assumed a character of much severity only after the occurrence of the accident, which the patient met with while at his work; the same external violence therefore gave rise to an inflammation of a serous and a mucous tissue.

The diagnostic characters of bronchitis are well illustrated by the present case; the rhonchi which are so well marked in the present case, and which vary from one moment to another, are, on the whole, the best signs of the disease. But you must not lay too much stress on these signs; you must remember the anatomical condition of the bronchial membrane, and keep in view the causes of the rhonchi. Now, in bronchitis, especially if the case be of moderate intensity, such as is offered by this patient, the membrane is throughout its whole extent more or less thickened and coated with mucus of considerable tenacity. The thickening arises from congestion of the blood vessels of the membrane, and will be found to vary very much at different times of the day and in different portions of the membrane; hence the sounds will cease entirely, and be replaced by a respiration which is nearly natural, but more feeble than usual, for the mucous membrane is always sufficiently altered to prevent the respiration from returning to its full strength as long as any inflammation whatever remains. Hence I am disposed to lay more stress upon the feebleness of the respiration, particularly the irregular and varying feebleness, than upon the rhonchi. The feebleness of the respiration is of course most evident when complicated with emphysema; in the emphysematous portions of the lung there is a permanent cause for the feeble vesicular murmur, and they yield scarcely any sound, when the patient has an attack of acute bronchitis added to the chronic disease. You will find that persons affected with emphysema, are especially subject to bronchitis. Besides the feebleness of respiration, those of you who are good auscultators, and I am glad to say that several of my pupils deserve to be so called, must have perceived that the respiration has more or less of the character which I denominate rustling; that is, the inspiratory sound has lost, in a measure, its softness, and a rustling sound is heard during the passage of the air into the smaller tubes and vesicles. This is a very frequent sound in chronic bronchitis; it is also heard in the acute variety, if it happen to be accompanied with but little mucous secretion. By the rustling sound I do not mean the dry crepitant rhonchus, which is rarely heard in these cases, and is therefore an unimportant sign,—but I allude to a mere alteration in the tone of the respiration, no adventitious sound being produced.

You are well aware of the changes which occur in the rhonchi; these are in proportion to the quantity of the secretion into the bronchial tubes, and

to the degree of the thickening of the membrane. Thus you observed in the present instance that the mucous rhonchus was well marked when the sputa became abundant; now, in cases of acute bronchitis, it is important to attend to this rhonchus, for when secretion has fairly taken place, you may regard your patient as decidedly improved; but in chronic bronchitis, it is of less importance, except in cases where a chronic dry catarrh is replaced by an acute inflammation: the mucous rhonchus then becomes a very good measure of the degree of severity of the acute disease, and from its gradual subsidence we can ascertain the precise progress made by the lungs in returning to their habitual state.

You may have remarked, that the oppression in this patient was much greater than the physical signs would seem to indicate. Now, when you find this state of things in bronchitis, you may look for its cause in one of two complications; that is, emphysema, or disease of the heart. Of course I exclude complications of an acute kind, such as pneumonia, or severe pleurisy, for slight pleurisy, not more severe than that offered by this patient, does not constitute a very distressing complication. The signs of emphysema, I shall detail to you at another period; they are in part obscured by those of the bronchitis, but still a sufficient number of signs will remain for the diagnosis. The evidence of cardiac disease is rather more obscure; that is, of a moderate degree of enlargement of the heart, without either extensive valvular disease, or inflammation of the membranes. The means of diagnosis are in a great degree within your reach, but it requires much tact and some experience. In the present instance you will scarcely find demonstrable signs of heart disease; at least these are limited to a slight degree of dulness at the bronchial region, and a little confusion of the sounds of the heart: by this expression I mean that the sounds of the heart have not their usual clearness and fulness, although they are not positively so different from the ordinary standard as to be called morbid. The impulse is besides too diffused, and not sufficiently sharp; not limited to the point of the heart; it is, however, at least as forcible as in the natural state. Now, these signs, which I merely allude to, at present, without expecting you fully to appreciate their value, indicate a distension of the heart with blood, causing a laboured and slow contraction, and sometimes terminating by the formation of fibrinous coagula in the right ventricle and auricle. In more favourable cases, this distension of the heart is of little immediate danger, but may lay the foundation for future hypertrophy and dilatation.

Having now pointed out the signs which are important for the diagnosis of this case, I have but a few words to say as to its prognosis: it is almost necessarily favourable, for the complications do not threaten any immediate danger; and the patient, from his age and constitution, is nearly exempt from pulmonary phthisis, which is apt to follow chronic catarrh, in the patients who have any predisposition to the formation of tubercles from hereditary or other causes. I shall insist upon the relations between phthisis and bronchitis, and point out their distinctive characters in another part of the course.

The treatment consisted, as you know, chiefly in venesection, cupping, and tartarized antimony, followed by the balsam of copaiba. The bleeding was particularly requisite in this case, from the full, plethoric condition of the patient, and his evident tendency to congestion of the heart and lungs. When the necessity for a remedy is as strong as in the present instance, you may expect to find that immediate relief will follow its employment. Accordingly, the patient was immediately relieved of his most troublesome symptoms, and especially of his extreme dyspnoea. I am not, however, an advocate for bleeding in ordinary cases of bronchitis; indeed, it often retards the cure,—for in all inflammatory diseases, but more especially those of a secreting mucous membrane, a certain degree of energy in the circulation is necessary to bring about the natural termination of the disease. This termination always takes place by secretion from the inflamed surface, unless the inflammation be arrested so easily as to leave no thickening or congestion of the mucous coat. The disadvantage of bleeding is, that it does somewhat retard the process of secretion, if the bronchitis be not severe, or if the strength of the patient be not very robust; on the other hand, when the congestion is so considerable as to impede the circulation, we find it highly expedient to take blood from the arm. It removes the over large quantity of blood from the heart and lungs, allows these organs to perform their functions with comparative facility, and materially assists secretion. You have seen how materially this was promoted in the present instance, and that the patient was immediately relieved after bleeding. Cupping is less useful in bronchitis, than it is in either pneumonia or pleurisy; the relief is not proportionate to the quantity of blood taken. I use cups but rarely in acute bronchitis; I almost limit their use to those cases in which it is complicated with so considerable a degree of dyspnoea, that bleeding has failed to remove it. They are, however, more useful in the chronic variety; they should then always be applied between the shoulders, a point where you may abstract more blood, and at the same time approach much more nearly to the bronchial tubes.

The tartarized antimony was also directed for this patient; it certainly reduced the force of the pulse, and was probably useful. You need not be startled when you hear me use the words, probably useful; I am most anxious to point out to you the best modes of treatment, and to insist most strongly upon the positive results obtained from treatment, either in the management or cure of disease; but when I do not perceive unequivocal benefit follow from a prescription, I feel myself bound not only not to conceal, but to call your attention to it. In the present instance, we can merely say that our patient improved a little while taking the antimony, uncombined with other remedies; but the medicine was not followed by the same quick resolution of the disease, as often occurs in cases of pneumonia, treated by this remedy. Nevertheless, antimony is, in general, one of our best and most certain remedies in the management of acute bronchitis.

Vegetable emetics are largely used in the treatment of bronchitis; they are most useful in the

chronic varieties, or in the bronchitis of children. Squill, ipecacuanha, and nauseants of a more stimulating character, are all used. I shall speak of them in their appropriate place.

The patient is now using the balsam of copaiba, a most excellent article in sub-acute bronchitis. Of the various terebinthinate articles, none is so much used as this balsam; and where it is not resisted by the stomach, its action is more certain than that of any remedy of this class. It probably acts upon the same principle which renders stimulants effectual in the declining stage of most inflammations. It certainly is one of the most certain remedies we possess in the treatment of chronic bronchitis, especially those varieties in which the secretion from the bronchial tubes is much diminished. In the chronic mucous catarrh, its action is less certain, but often highly beneficial. Our patient will, in all probability, require no other treatment, as he is already fast approaching towards convalescence. Other modes will be appropriately mentioned, when I speak to you of the chronic forms of the disease.

CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL.

[Reported by J. FORSYTH MEIGS, M. D., Resident Surgeon.]

Case of Dislocation of the Femur upon the Dorsum Ilii, occurring from a fall in a child, eleven years of age.

ADMITTED August 26th, 1838, J. B., æt. eleven years, with a dislocation of the right femur upon the dorsum ilii, caused by a fall from a cart eighteen hours previously. When brought in, he complained of excessive pain and soreness about the hip, and would scarcely allow it to be touched. On placing him in the erect posture, it was found that he rested his weight entirely upon the left limb, the other being slightly flexed upon the pelvis, the foot turned inwards, with the ball of the great toe resting upon the tarsus of the sound foot. The thigh could be flexed upon the pelvis but not extended; it could be rotated inwards, but not outwards; and could be adducted, but not abducted. There was a considerable prominence on the right buttock; the trochanter was drawn upwards, and by rotating the limb, the head of the bone could be distinctly felt upon the dorsum. On measuring from the anterior superior spinous process of the ilium to the internal malleolus, the injured limb was found to be an inch and a half shorter than the other. Some tartar emetic being administered, the luxation was readily reduced by means of a counter-extending band placed in the perineum, while extension was made by three men from just above the knee, the bone slipping into its place with a snap in the space of two minutes; when the protuberance about the hip disappeared, the thigh could be extended, and by measurement was found to be of exactly the same length as the other. The limbs were secured by means of a roller, and placed at rest; the hip was afterwards leeches, and cold applied. In six days the boy was able to walk, and has since been discharged well.

This case is interesting from the fact that dislocations are of rare occurrence in children, excepting as a consequence of previous disease of the joints.

Sir A. Cooper says, "young persons are also (speaking previously of old) very rarely the subjects of dislocations from violence; but now and then such cases do occur." He mentions an instance of dislocation in a child of seven years, and one in a boy of thirteen years, which were both those of the hip upon the dorsum ilii, in the latter being complicated with a fracture of the cervix femoris. Liston mentions no cases, neither does Boyer or John Bell.

List of Accidents, admitted into the Pennsylvania Hospital, from August 22d, to September 5th, 1838.

A CASE of lacerated wound of the hand, in a boy fourteen years old, from the bursting of a gun; thumb completely separated from the trapezius, and adhering to hand merely by a few tendons; palm much lacerated, the flexor tendons laid bare with a wound three inches in extent on front of fore-arm. When admitted there was considerable hæmorrhage; some small vessels were secured, the radial artery was cut upon and tied; wound brought together by adhesive strips; lint applied, arm placed on a splint, and kept moist by cold lead water by means of a syphon; since had some fever for which took an effervescing draught and a purge; at present dressed with bran, suppurating and doing well; good diet.—A case of fracture of the fibula of the right leg, about two inches above the ankle, from a fall from a height; some deformity, foot being turned outwards; fracture reduced, and leg placed in a fracture-box which retains the ends in apposition; lead-water applied; doing well.—A case of severe contusion of both ankles, with a slight wound in one, from being jammed in between two rail-road cars; when admitted, there was extensive swelling from effusion into the joints, and great pain; legs placed at rest and cold lotions used; doing well.—A case of punctured wound, from the falling of an iron rake, one of the teeth of which entered the hand at the junction between the first metacarpal bone and the wrist, joint not opened; when admitted, parts swollen and tender, with much pain through whole hand; placed on a splint, and cold applied; since discharged cured.—A case of fracture of the clavicle within the sternal third, from a fall upon the shoulder; dressed with hospital apparatus, since attacked with symptoms of mania-a-potu, for which he had appropriate treatment; now doing well.—A case of injury to the brain, from a blow; when admitted was insensible, with pupil of one eye widely dilated, other not so much so; cold to head, sinapisms to extremities; stimulating enema; afterwards cupped, blister to back of neck; died in four days.—A case of fractured femur in a boy fourteen years old, from attempting suddenly to escape from one of his companions, in doing which he fell and broke his thigh; dressed with Dr. PHYSICK's modification of Desault's apparatus; since had considerable effusion and swelling; now doing well.—A case of fracture of the body and spinous process of one of the lower dorsal vertebræ, with fracture of the lower ribs of both sides; no paralysis ensued; extensive emphysema from a wound of the left lung by the rib; no pneumothorax, owing to previous adhesions from pleurisy; there was also rupture of the liver and

spleen, the man dying in five days from peritonitis caused by the effusion of blood in the cavity of peritoneum.—A case of compound fracture of the great toe of the left foot from the falling of a heavy stone on it; there was an extensive wound with the upper fragment projecting; hæmorrhage not very great, arrested by the application of lint, and slight pressure; leg placed at rest, and at present cold lead-water made use of by means of a syphon. A case of contusion of the scalp from the falling of a brick; there was considerable swelling from effusion of blood; no fracture; patient a man of rather bad habits; placed in bed; cooling lotion applied to head; since attacked with symptoms of inflammation of brain for which cupped and purged; now doing well.—A case of lacerated wound of the scalp, caused by a fall; when admitted, the man was bleeding profusely; a wound about half an inch in extent was found upon superior portion of the occipital bone, where there existed an extensive thrombus, which was emptied by pressure, and the hæmorrhage arrested by a dossil of lint and pressure; since removed by friends.—A case of fracture of the leg in a boy eleven years old, caused by a fall from a height; dressed in usual manner.—A case of partial fracture of the right leg in a boy eleven years old, who has three times before been in the house for the same accident; the leg is much bent inwards, owing to his having been removed too soon by his friends in one of the previous cases, and allowed to use his limb before it had become firm; at present there exists a good deal of inflammation and tenderness, for which cold is used, and rest enjoined.—The case of lacerated hand and fingers mentioned in last report still remains in the house; the sloughs have separated, leaving more than half the surface on the front and back of the fore-arm entirely divested of integument, the tendons of the thumb laid bare, and the wrist-joint opened, with profuse discharge of pus; at present dressed with bran; under full diet with quinine and porter.—The case of compound fracture of toes is doing well; bone becoming firm, external wound nearly united, dressed with strips and cerate.

DOMESTIC SUMMARY.

Select Medical Library, and Eclectic Journal of Medicine.—The number for the current month of this excellent medical publication, edited by Dr. JOHN BELL, contains the commencement of *Andral's Clinique*, in an English dress. This is certainly one of the most valuable and practical of the French works, and has enjoyed so great a reputation since its appearance, a few years ago, that it has been a matter of surprise to us that no translation and republication of it has been attempted in this country before. No physician should be without it.

Dr. John C. Warren.—It is with great pleasure that we announce the return of Dr. Warren, from his visit to Europe. While abroad, Dr. W. received marked and flattering attention, not only from men eminent in the profession, but also from persons distinguished in scientific and literary pursuits; and we need hardly say, that his return to this country will be warmly welcomed by all who

respect (and who does not?) high moral excellence, united with professional attainments not excelled, if equalled, by any.—*Bost. Med. and Surg. Journ.*, Sept. 5.

Successful Amputation of nearly one-half of the Lower Jaw-Bone, (four and three-quarter inches, including one of its angles,) for Osteosarcoma. By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

My attention was first called to the following case, about the middle of last May, by my friend Dr. Philip S. Lemle, a highly intelligent practitioner of medicine, of Louisville, in this state. The patient is a negro woman, about twenty-five years of age, the mother of one child; she had experienced pain in the left side of the lower jaw-bone for ten years. Some of her friends think that she had suffered even from childhood, what was supposed the tooth-ach. The molar and bicuspid teeth of the side affected had all been successively removed, the last by Dr. Lemle, about four months before the operation. A very large tumour had gradually developed itself around the left half of the lower jaw-bone, and as it was at one time somewhat elastic at one point, had been punctured, from which, however, there flowed only a few drops of blood.

Dinah, the patient, was brought to Augusta on the 26th of last May, and placed under the care of Dr. Antony and myself. In a letter addressed to us, it was stated, "that she had been complaining for years of the jaw-ach, which had entirely resisted the usual remedies for the tooth-ach. The presumption, therefore, is, that the disease has been gradually working its ravages for a great length of time." We were particularly instructed under no circumstances to operate, without there existed a *reasonable hope* of saving her life. It was first determined by us in consultation, to prepare the patient for an operation, which had been decided upon, not only from the existing circumstances of the case, but also from the knowledge of the judicious treatment of the disease by Dr. Lemle, aided by Dr. Jenkins, an old and very respectable physician, also of Louisville. But during the night of the 29th, three days after her arrival, Dinah was nearly suffocated by the pressure of the tumour upon the larynx, and was only able to swallow after the application of ice to it. This at once hastened our preparations for the operation, which was performed on the 31st of May, and certainly not under very favourable circumstances.

Assisted by the faculty, but more especially by Drs. Antony and Newton, the operation was commenced by making an incision from the left angle of the mouth, and extending it in a perpendicular line to the thyroid gland, from which an elliptical one was made to the lobe of the left ear, including the most prominent part of the tumour in the ellipsis. Upon cutting through the lip and denuding the lower jaw-bone, we found an effort of nature at separation near its symphysis. Extracting the canine or stomach tooth, the bone was divided by a small saw, half an inch beyond the line marked by the absorbents. The next object was the removal of the inferior maxillary on the affected side from its connection with the temporal bone, or of

its division, provided the disease was arrested in it short of this articulation. By careful dissection, a line was perceived and defined by the absorbents in the lower part of its neck. The saw was again employed, leaving only the condyle with a small portion of the neck, and the operation was completed by detaching the insertion of the temporal muscle into the coronoid process of this bone, which was removed with the diseased mass. The section of the lower jaw-bone measured at its base four and three-quarter inches.

The outer surface of the portion of bone removed, was very rough and denuded of its periosteum, to which latter was attached a large irregular fungous growth, varying in consistency from cartilage to fibrous structure, and extending into the skin and surrounding tissues—there being nothing in this direction like a cyst or even decided limit to the disease. The periosteum of the inner surface of the bone was not completely detached from it, and to it were also adherent large masses of fungus, which had filled the mouth, pushing the tongue to the right side, and projecting down the throat. These had an investing membrane of a delicate structure, and resembled large irregular tubercles. The artery of the lower jaw-bone was entirely obliterated, and its canal was greatly enlarged and made very rough by the action of the absorbents. At both the divisions, however, made by the saw, this bone bled freely, thereby proving that at these places it was sound and unaffected by the disease which had destroyed a portion of its body.

As the patient had fainted several times during the operation, though sustained by stimuli, and as the tumour was not encysted, it was found impracticable to remove every part which had become affected by the diseased action. We had, moreover, proceeded in this case upon the principle, that the disease originated in the bone, and that if the root and body of the tumour were extracted, its projections into the surrounding tissues would necessarily be absorbed. A small tubercle was, therefore, left under the zygomatic arch, together with some enlargement in the skin over the left carotid artery, and also over the thyroid cartilage.

The application of three ligatures to as many arteries, some eight or ten sutures in the skin, with adhesive strips and patent lint to fill up the cavity made by the removal of the jaw-bone and tumour, with a bandage, completed the dressing; and the patient was placed in bed, after having been on the operating table three hours. Much of this time, however, was consumed in restoring her from syncope.

At 8½ o'clock, seven hours after the operation, found the system of the patient re-acting. Took at 4½, a tea-spoonful of common solution of morphine, which afforded much relief, and was swallowed with ease.

June 1st, 5 A. M.—Had a pretty good night; drank freely of cold water—nothing else. Prescribed chlorine tooth-wash for mouth. *8 A. M.*—Pulse one hundred and twenty-four. Took a table-spoonful of gruel, not relished; sick at stomach; quiet remaining part of this day.

June 2d, 3½ A. M.—Cannot swallow; fever. Prescribed ice water, warm pediluvium; head to be elevated. *8 A. M.*—Pulse one hundred and twenty-four; deglutition easy. *12 M.*—Has slept quietly, and desires nourishment; prescribed gruel. *4 P. M.*—Pulse one hundred and forty.

June 3d, 2 A. M.—Called to patient on account of sick stomach; prescribed enema of salt and water, morphine and free use of chloride of soda to mouth. *8 A. M.*—Pulse one hundred and twenty; patient comfortable. *2 P. M.*—Dressed the wound, took off all the plasters; looks well; patient sitting up. *7 P. M.*—Pulse one hundred and twenty; took a cup of tea.

June 4th, 7 A. M.—Pulse one hundred and eighteen; patient assists herself in bed, and sits up. *5 P. M.*—Has appetite; pulse the same. (It has now rained almost incessantly for the last fifty hours.)

June 5th, 7 A. M.—Pulse one hundred and four. Dressed the wound, and continued to do so every other day. Removed to-day all the sutures. Union by the first intention took place at the lip and near the lobe of the ear. The skin in the angle of the wound near the thyroid gland sloughed, and at one or two other points where the stitches had been applied. The patient gradually improved; granulations commenced on the ninth day after the operation; and on the tenth, Dinah walked out of her room.

I have nothing particular to relate concerning the patient up to the 17th, except the difficulty, common with all negroes, of making her comprehend the importance of diet. She would insist upon solid food, particles of which were frequently found in the lips of the wound. She had also two attacks of colic, the result of eating improperly. It was about this time I perceived the skin taking on disease in the region of the pomum adami, and soon two tubercles projected from it into the wound, all of which had cicatrized except this place, where an opening was still kept up, and through which a portion of her ingesta, particularly fluids, would flow out.

On the 21st of June, I had to leave Augusta for Charleston, to bring home a near relative, saved from the awful shipwreck of the *Pulaski*; and on my return, saw with regret, that diseased action, apparently of the most malignant nature, had not only commenced in the skin, but had also invaded the sound cicatrix. Kreosote, iodine, &c., were now freely employed, but seemingly to little purpose, and Dinah left on the 9th of July for the country.

I had the pleasure to hear on the 3d of August, (more than two months since the operation,) from my patient, who is unexpectedly much improved. She has still continued the internal use of iodine, nine drops of the tincture three times daily, and dresses the ulcer with chloride of soda. I learn the diseased skin has sloughed off, and the only tumefaction now existing is in the right submaxillary gland. There is no enlargement under the zygomatic arch, nor in the course of the left carotid. Her appetite is good, and she takes exercise daily.

FOREIGN SUMMARY.

Useful Application to Bed-Sores.—A correspondent of the Bulletin Générale de Therapeutique recalls to the attention of medical men a very excellent, and easily prepared, local application for those troublesome and distressing sores which are so apt to occur in bed-ridden patients.

It is unnecessary to allude to the frequency of this annoyance in certain cases of protracted disease, more especially of obstinate fevers, of phthisis, &c., and to the extreme difficulty of counteracting them. The late M. Autenreith, of Vienna, was much in the habit of using the thick sedimentary deposit obtained by adding the liquor plumbi, drop by drop, to a strong decoction of oak bark, (in short, a *tannate of lead*,) as a topical remedy to bed-sores, with great success. The super-natant liquor being decanted off, the sediment is easily procured; it is then to be spread on linen, as we do with an ointment. The application to the abraded surface should be repeated every night and morning.

Dr. Tott, a countryman of M. Autenreith, has, of late years, used this remedy with very satisfactory effects. In some cases, where it did not seem to agree, he mixed a certain portion of the *tannate*, previously dried, with simple ointment, (two drachms to one ounce,) and he found that the sores often healed readily under the use of this cerate.

We can bear our testimony in favour of the good effects of this application to bed-sores. In our own practice we have prepared it by mixing together the liquor plumbi and the common tincture of kino.—*Lon. Med. Chirurg. Rev.*, July, 1838.

Case of slow Poisoning by Oxide of Zinc. By Dr. BUSSE, of Berlin.

A GENTLEMAN, aged forty-five, of regular habits and previously of good health, was, in 1825, attacked, without evident cause, with epilepsy, which continued to return at longer or shorter intervals. His physician recommended change of climate; and the three following years, during which there was no return of the disease, were spent in travelling, chiefly in Italy and France. But scarcely had he returned to Berlin when the fits again appeared. Various remedies were tried in vain; and the patient, happening to notice oxide of zinc, in combination with hyosciamus, recommended in Hufeland's Journal as a cure for epilepsy, resolved, without consulting any physician, to submit himself to this treatment. He secluded himself from society, and took daily, at an average, twenty grains of the oxide, till he consumed 3,246 grains, and would probably have continued his experiment to a fatal termination had not one of his relations insisted on being admitted to him, and by whom he was found in a most deplorable condition. Dr. Busse was immediately summoned, and found the patient of a pale earthy hue, wasted away, and almost idiotical: his tongue was thickly coated, the bowels were constipated, the inferior extremities cold and œdematous, the abdomen tumid, the superior extremities cold and shrivelled, and their skin dry like parchment; the pulse was about sixty, thready, and scarcely perceptible.

The oxide of zinc was immediately stopped, but

not without some opposition on the part of the patient, and a purgative ordered. Light nutritive diet was allowed, with tonic and diuretic medicines; and under their use the patient rapidly improved, and soon regained his previous robust and healthy appearance, although he remained subject to epileptic attacks, which continued to recur every six or eight weeks. *Wochenschrift für die gesammte Heilkunde*, from *Brit. and For. Med. Rev.*, July, 1838.

THE following graphic sketch of Sir HENRY HALFORD, the "Court Physician," is from the pen of Dr. JAMES JOHNSON.

"This distinguished physician—the son of a physician, Dr. Vaughan—was born in Leicester, Oct. 1766—and consequently is in his 72d year. He is a remarkable instance of the degree of energy, both mental and corporeal, which may be retained beyond the tenth septenniad! Sir Henry is just as active a practitioner at this moment, as he was twenty years ago, when we first became personally acquainted with him. Educated at Rugby and Oxford, Sir H. became an excellent classical scholar, and so retentive is he of all the grammatical niceties of the Greek and Latin languages, that, the last time we met him in consultation, we found him amusing his vacant moments—that is between the houses of his patients—by translating English ballads into Sapphic verse—verse which Horace would not have disowned in the Augustan age! Having contracted a matrimonial alliance with a lady of noble race, he soon became the fashionable physician of the day—probably more owing to the elegance of his manners, the extent of his learning, and the influence of his connexions, than to any superiority over his contemporaries in practical knowledge or pathological research. Indeed he got into high practice before the age of thirty—and never having been attached to any hospital, he could not, at that age, and especially at that era, have had much clinical experience, while pathology was almost unknown. Sir Henry presents one of the very few instances in this metropolis, of a physician penetrating into the very highest circle of practice, and, consequently, reaping the largest harvest of wealth, without being a medical officer of any hospital. Babington, Baillie, Curry, Warren, Pearson, Nevins, Chambers, Elliotson, &c. &c., might be cited as illustrations. But Sir Henry outstripped all his compeers, with all the advantages of their clinical knowledge and patronage of pupils. We do not wonder at it. A notion prevails among those who are not acquainted with Sir Henry that, from his long course of attendance in the chambers of the high nobility, where imaginary are more numerous than real diseases, his practice was milk and water, and rarely active or decisive. This is an error. The worthy Baronet is by no means deficient of energy, where the case requires it—and his long experience enables him to detect the nature of a malady very readily, and grapple with it stoutly. It is very true that, for obvious reasons, this eminent physician has not been able to keep pace with the progress of pathology; and, consequently, he is defective in his diagnosis of diseases

of the chest, whether cardiac or pulmonic. This deficiency, though it might be an awkward inconvenience in the wards or dead-house of an hospital, was of very trifling import in the rounds of private practice, where it was seldom suspected by the friends of the dead, and still more seldom demonstrated by the scalpel of the anatomist. But had this retardation in the march of pathology been ten times more patent than it was, it would have been amply compensated by the *tact* of this gifted physician, unequalled in any age or nation! We sincerely believe that, since the days of Esculapius himself, down to the present moment, no medical practitioner ever entered the room of sickness so well calculated to cheer the drooping spirits, raise the hopes, or inspire the confidence of the patient, as the physician whose biography is here undertaken! The smiling countenance, the courtly manners, the eloquent language, wearing the appearance, if not the reality, of the most sympathising friendship, the firm tone, the artful but judicious interrogations, the patient attention to garrulous details, the perfect mastery over every symptom of doubt, much less alarm—all combined, with numerous other traits of bearing and conduct which language cannot convey, to impress the sufferer with a conviction that, if the disease admitted of remedy, here was the man most qualified by nature and art to apply it. We have, on more than one occasion, heard patients remark, after Sir Henry had left the house, that they would almost as soon die under such a physician as recover under some others whom they could name! This, though the chief, is not the only qualification which Sir Henry possesses as a powerful passport to fame and favour in the eyes of the world. His resources are absolutely inexhaustible. Not only can he vary the daily physic, with surprising ease, but he can gratify the most languishing and fastidious appetite of the invalid with innumerable forms of diet, which would seem to have required half one's life to study and manipulate. By the magic wand of this accomplished physician, the most protracted, painful, and incurable maladies are converted into a kind of luxurious anticipation of daily relief from medicine, and hourly enjoyment of the palate. We are, at this time, attending an octogenarian, whose taper of life has been kept, for some months, from extinction by a glass of rum and milk, prescribed by Sir Henry, early in the morning, after which, the bed-ridden invalid falls into a delicious sleep of some hours, dreaming of early scenes, and awaking refreshed, with constant blessings on the head of the physician who ordered so delightful a cordial for the decaying frame! But Sir Henry's resources and endowments are not confined to physic or physics—they extend to metaphysics. The dying Christian would find in him a more cheering philosophy and religion than most of our divines would be able to convey to the spirit retiring from its earthly tabernacle to soar into other and unknown regions. Discourses have been delivered by the subject of our memoir, which would have been more appropriate in the mouths of prelates, than some of their harangues in the House OF THE LORD—leaving aside their orations in a house of many Lords.

With such natural talents, acquirements, and

tact, is it wonderful that Sir Henry should have been the favourite physician of three successive sovereigns, with their courts, camps, senates, and aristocracy? The urbanity of his manners, the polish of his conversation, and the honourable etiquette of his conduct amongst his brethren, have rendered him a favourite consultant in all cases, and secured his professional popularity up to the eleventh septenniad of his life. We have met him when we were at "daggers drawn" with the College over which he had so long presided, and when our professional existence was in some danger from the anathemas of that once powerful, but now very harmless, body of medical aristocrats; yet never experienced the least deviation from friendly intercourse and professional equality. From Sir Henry Halford we never received or solicited either favour or patronage—and never will. We have drawn up the foregoing sketch of his professional character, from twenty years' observation of it, and without referring at all to the memoir of Mr. Pettigrew. We have neither extenuated the defects nor exaggerated the virtues of this distinguished physician, being perfectly independent of his frowns or favours; but only desirous of exhibiting the prominent traits of character which we have observed, without the slightest bias from medical politics or personal considerations.—*Medico-Chirurgical Review*, July, 1838.

Luxation of the Scapular Extremity of the Clavicle, downwards. By Dr. Tournel.

This case is interesting, as being, apparently, with one exception, the first of the kind hitherto detailed; and as being one, also, the possibility of which has been questioned.

A soldier was thrown from his horse. The horse fell on its rider, and, on recovering itself, placed its foot on the front of his left shoulder, where was an ecchymosis of almost the exact shape of the horse's shoe. The pressure separated the scapula backwards. The clavicle remained attached to the sternum; but, its superior and inferior and coraco-clavicular ligaments having been torn, its external extremity slipped from its articular surface beneath the acromion. The accident was regarded at first as a dislocation of the humerus, but the true nature of it was ascertained by an examination in the following manner. The summit of the shoulder was grasped with one hand, resting on the acromion, whilst, with the other hand, it was ascertained, by various motions, that the axis of the humerus was in its ordinary direction. There was no bony projection in the axilla. The left arm was somewhat longer than the right; the elbow and all the rest of the limb were in contact with the lateral part of the trunk. Voluntary movements, and especially upwards, were impracticable: communicated movements were easy, and unattended with pain. The shoulder had lost its rounded form, and there was a depression outwards, beneath the acromion. The shoulder presented, in addition, two projections; one internal and superior, formed by the acromion; the other external and inferior, formed by the external extremity of the clavicle. There was no numbness or pain of the fingers. The summit of the left shoulder was much nearer the sternum than that of the right;

and, when the finger was passed along the spine of the scapula from behind forwards, as far as its acromial extremity, it was not stopped by the clavicle. This had been perfectly recognised; and it disappeared, together with the sub-acromial depression, when, the knee having been placed between the two shoulders, they were both drawn backwards; but, when this traction was discontinued, the projection, formed by the external extremity of the clavicle, and the depression, were reproduced. The association of all these symptoms leaves no room to doubt that this accident was a dislocation of the scapular extremity of the clavicle, downwards. The reduction was easily effected by placing the knee against the vertebral column, and drawing the shoulders backwards. A cushion was then placed, and retained by bandages in the axilla. The arm pressing upon the cushion was kept applied to the trunk upwards and backwards, by Desault's bandage for fracture of the clavicle. Spirituous lotions were applied to the shoulder. The fore-arm was placed in a sling, and the whole kept in position by a bandage passing round the body. The impatience of the soldier required the removal of this apparatus. Instead of it was substituted that of M. Flamant, which has the advantage of leaving the injured part uncovered. This consists of a grooved bag,* to the angles of which are sewn two rollers, and of a pad, which is placed, as above, in the axilla. The arm being placed in the bag so that the elbow corresponded to its middle angle, the roller, sewn to its anterior angle, was passed over the middle and dorsal part of the fore-arm, and continued in front of the chest. The other was continued over the back part of the arm, and crossed the former over a thick compress placed upon the uninjured shoulder. The rollers were continued in these directions for two or three turns, crossing one another over the uninjured shoulder, and beneath the elbow of the opposite side. The remainder of the rollers was then passed round the trunk, in order to fix the arm. At the elbow, the bandage was kept in its situation by four tapes, two of which were sewn to the inner side, and two to the outer side of the sac in which the elbow rested. The whole apparatus was covered by a bandage of the trunk, and the scapular of this bandage was employed to keep resolute compresses applied to the injured shoulder. Notwithstanding his impatience, the soldier perfectly recovered, after thirty-two days' treatment. The first use which he made of his arm was to severely castigate his horse. He remains in his regiment, and experiences neither pain in the shoulder nor difficulty in the movements of the arm.

In the "Ephémérides Nat. Cur.," is an account of a similar displacement. In both cases the cause was violence from above, and directly upon the scapular extremity of the clavicle.—*Archives Générales de Médecine, Décembre, 1837, from Brit. and For. Med. Rev., July, 1838.*

New method of reducing Dislocations of the Os Humeri. By M. MALGAIGNE.

SOME months since, M. Malgaigne published, in the "Bulletin de Thérapeutique," an account of a method which he practised successfully for the re-

duction of dislocations of the os humeri. The following is an instance of the total failure of the old method, and the success of the new:

A stone-cutter, forty-one years of age, fell from a scaffold four feet high, and dislocated his shoulder. A surgeon, who saw him immediately after the accident, having made some attempts, pronounced that the reduction was accomplished. After some time, however, the patient, finding he did not regain the use of his joint, entered the hospital Saint Louis, under the care of M. Jobert. A dislocation of the os humeri into the axilla was easily recognised—now twenty-three days after the accident. M. Jobert proceeded to attempt the reduction by the usual method of extension and counter-extension; the arm carried in the horizontal direction. The first, second, and third attempts were equally futile, the pain increasing in proportion to the efforts at reduction. The method of M. Malgaigne was then adopted. An assistant stood upon a table close to the seat of the patient, placed his foot upon the left shoulder to make counter-extension, and pulled with his two hands the dislocated arm raised to a nearly vertical direction. The reduction took place immediately almost without effort, and, above all, with very little pain. M. M. reports a case in which he succeeded after twenty-one days. These cases seem to point out the truth of his assertion, that the cicatrization of the broken ligaments, and the formation of the new capsule, is not perfectly finished till the expiration of twenty-five or thirty days.—*Bulletin Général de Thérapeutique, Avril, 1838—Ibid.*

Observations on a method of employing the Ammoniaco-Nitrate of Silver, as a test for demonstrating the presence of very minute quantities of Arsenic. By THOMAS STEWART TRAILL, M. D.

"I now send the promised statement of the method of applying ammoniaco-nitrate of silver, as a test for the detection of minute quantities of arsenic, which I lately had the pleasure of showing to you. It is on the principle of Dr. Wollaston's microscopic, chemical investigations, and has been long employed by me as a mode of exhibiting the great delicacy of this test. I prefer it to the method of your ingenious correspondent, Dr. Murray, because it enables the operator to judge of the nature of the precipitate; as, for instance, whether it separate in flakes, or in uniformly minute particles diffused through the fluid.

I put a drop of the suspected liquid on a plate of clear glass, and near it another of the test; then join them by means of a glass rod, without completely mingling them. In the experiments exhibited to you, the liquid employed was a solution of one grain of arsenic boiled in 1000 grains of water, and by adding determinate proportions of water to portions of this liquid, any fractional part desired was readily obtained.

The following are the results of the experiments which you saw.

1. With $\frac{1}{1000}$ of a grain of arsenic, the test afforded a rich, yellow, flaky precipitate, which on subsidence left the liquid clear.

2. With $\frac{1}{2000}$ of a grain, the precipitate was also very distinct to the naked eye.

* Sac en forme de gouttière.

3. With $\frac{1}{4000}$ of a grain, the character of the precipitate was distinctly seen by the naked eye.

4. With $\frac{1}{8000}$ of a grain, the precipitate was still distinct to the eye.

5. With $\frac{1}{16000}$ of a grain, attentive observation could still trace the character of the precipitate without a lens.

6. With $\frac{1}{32000}$ of a grain, a lens of moderate power enabled me to observe the yellow flakes in a clear liquid.

7. With the $\frac{1}{64000}$ part of a grain, cloudiness was observed, but I could not be positive as to the shade of colour.

In all these experiments, it aids the eye much to place the glass plate upon some dark ground, such as the sleeve of a coat. There is no risk of confounding this precipitate with the phosphate of silver; for none of the phosphoric salts afford precipitates with the ammoniaco-nitrate of silver, though they do with the simple nitrate.

The test now mentioned is far superior in delicacy to the ammoniaco-sulphate of copper; though I have tried Dr. Murray's mode of applying it, which is certainly an improvement on the common method.

I may remark, that Dr. Murray seems greatly to have underrated the delicacy of the test by reduction. I have repeatedly, by drawing out the stem of a ball-tube to a capillary bore, after the introduction of the sulphuret of arsenic and dry soda-flux, obtained distinct metallic crusts, that did not weigh $\frac{1}{2000}$ of a grain; and would always prefer the reduction process to any other, if the quantity were sufficient for this test."—*Ed. Med. and Surg. Journ.*, July, 1838.

LITHOTRITY,

IN A CASE WHERE THE STONE ADHERED TO THE BLADDER.

A MAN, named Cotte-Boutaillat, aged 57, of strong constitution and sanguine temperament, was admitted into the hospital of the Hôtel des Invalides on the 18th of June, 1837. In the course of the year 1836 (he did not recollect the period more precisely,) he began to experience a pricking at the end of the penis, extending along the urethra, every time he made water.

Before this period he had always made water with ease, and had never experienced any retention of urine, either complete or incomplete; nor had he ever remarked any change in the qualities of the urine. Two months afterwards, he passed bloody urine several times, particularly after long and tiring walks. He was then obliged to make water oftener than formerly.

A year after the appearance of the first symptoms, Cotte began to have a sense of weight in the fundement; and he was now obliged to make water every quarter of an hour.

The desire of voiding the urine became more frequent and more urgent the oftener it was satisfied, because, in consequence of the entire expulsion of the urine, the stone became in immediate contact with the mucous membrane of the bladder, and thus caused the desire of voiding the urine when there was not a drop to be expelled. At the

same time, the call to go to stool was felt more frequently than usual.

Cotte came under the care of M. Larrey for violent hematuria. He had all the symptoms of stone in the bladder, yet none could be found on sounding; so that M. Larrey confined himself to treating the hematuria with emollient and hygienic remedies.

At a later period the patient was still in the hospital, when the surgical cases were put under the care of M. Pasquier, jun., the principal surgeon.

Cotte was still in the same state, and the hematuria frequently occurred. M. Pasquier, like his predecessor, recognised all the rational symptoms of calculus; but his first attempts at sounding were not more fortunate than M. Larrey's, and no stone was found.

On the 8th of November, however, M. Pasquier, succeeded in striking the calculus with a silver sound, and proposed to break it down the following day.

The following was the state of the patient:—Urine of good appearance; occasional hematuria, sometimes demanding the vigorous use of emollients; no suffering while in bed, but, if he walked, there were pains in the hypogastrium, in the fundement, and the extremity of the penis, followed by bloody urine; there was also a marked alteration in his general health. On the 9th of November the patient still felt fatigued by the examination of the previous day, and the breaking down of the calculus was put off till the following one.

On the 10th the *lithotriteur* was introduced without much difficulty. The operator made unsuccessful attempts for a quarter of an hour to seize the calculus, which, nevertheless, he touched every time he opened the branches of the instrument. M. Pasquier being prepossessed by the supposition that the calculus was at the fundus of the bladder, as it is in the immense majority of cases, had not sufficiently examined the other regions of the bladder, when he perceived that he had to do with an adherent and suspended calculus.

Its situation was accurately determined during this sitting, and the operator ascertained that it was suspended to the anterior and superior region of the bladder, above and behind the neck; it occupied the median line, and extended more to the right than the left. It was of more than a middle size, and its free surface, which was rough, was touched by the instrument; hence it was not encysted. It was very solid, and was supposed to consist of uric acid.

The operator being once satisfied that it was an adherent calculus (a rare anomaly,) resolved to proceed no farther that day; partly, because the patient was exhausted, and partly, because the instrument was not sufficiently curved to seize the stone.

November 11th.—The patient was suffering from fever, with pain in the hypogastrium; frequent desire of voiding the urine, which was reddish; and headach. The face was red and puffy. These symptoms were evidently caused by the prolonged examinations of the preceding day; suitable treatment was adopted, and the operation was put off.

November 12th.—The patient is better; the pulse is less frequent; the face less red and puffy; the

headach is gone; there is less sensibility in the hypogastrium; the urine is limpid, but the desire of voiding is still frequent.

November 13th to December 29th.—The state of the patient continually varied from better to worse, so that delay was thought prudent.

December 30th.—Cotte's health now permitted a fresh examination of the bladder, which confirmed the former diagnosis both as to the situation and size of the calculus; it appeared to be large and very hard. M. Pasquier settled and described the manœuvre which would be requisite in order to catch the stone with the branches of the instrument.

December 30th.—First sitting. The instrument was easily introduced, and the stone was immediately seized. M. Pasquier tried to detach it, even at the risk of bringing away a portion of the mucous membrane; and, in order to do so, he gave the instrument a twisting movement, which he repeated several times; for he justly thought that the trituration of the calculus would be much more easy when it had fallen into the fundus. This manœuvre succeeded completely; a considerable calculous mass fell into the fundus of the bladder, and M. Pasquier ascertained that it was composed of two calculi, which were joined, or at least contiguous.

He then proceeded to break down the two calculi, in which percussion was necessary; but pressure was sufficient to triturate the secondary fragments.

A small quantity of stone was brought away, partly by the lithotritizer, and partly by the *videur*; and these fragments being joined to what was passed with the urine (which was carefully filtered,) made a mass about the size of a hazel-nut.

No bad symptoms came on, and the patient continued in a very satisfactory state until January 5, 1838, when the bladder was again examined with the jointed sound. No more detritus was found in the fundus of the bladder, but it was ascertained that a considerable portion of the calculus was still adhering. The bladder, wearied by these examinations, contracted spasmodically, and at the same moment the adherent calculus struck the concavity of the sound.

January 6th.—Second sitting. The method of proceeding was the same as before, and several portions of the adherent calculus were broken off. The quantity of stone extracted was equal to the first. The patient was comfortable during the rest of the day, but in the course of the night he was inconvenienced by a fragment of the stone wedged in the orifice of the neck of the bladder.

January 7th.—M. Pasquier, when he came to see the patient, pushed the fragment back into the bladder by injections of tepid water.

January 8th.—Third sitting. The bladder was examined with the jointed sound, and no fragments were found in the fundus; the adherent portion alone remained, and extended chiefly to the right of the neck. It was necessary to have recourse to the *brisecoque* to divide it; several fragments were detached, and easily broken down. The *videur* was introduced, and assisted the exit of the fluid contained in the bladder; a great quantity of dust was suspended in the fluid. The mass of calculus obtained was equal to the preceding ones.

January 9th.—Tepid water was injected, and

more detritus was obtained. The state of the patient continued to be satisfactory.

January 10th.—Fourth sitting. Two pieces were detached from the calculus, and easily broken down. Tepid water was injected, but the quantity of detritus which followed was smaller than at the preceding sittings.

January 11th.—Fifth and last sitting. The manœuvres to separate the portion of the stone still adhering to the bladder were repeated, and were supported by an assistant, who used moderate compression upon the hypogastric region. They completely succeeded, and the remaining portion of the calculus fell into the fundus of the bladder, where it was easily broken down. A tepid injection was followed by the exit of a very small quantity of detritus.

Up to the 22d of January inclusive, no bad symptoms, either general or local, had occurred; the state of the patient was very satisfactory; and the urine gradually became limpid.

On the 23d of January, a bit of gravel was passed in making water. M. Pasquier, on visiting the patient, threw up an injection, and then examined the bladder with the jointed sound; but not an atom of detritus was detected. He then pointed out the necessity of watching the state of the bladder for some time.

January 24th to 30th.—The examinations were repeated several times, and the bladder was always found perfectly clear; Cotte, therefore, was now considered as entirely freed from the stone.

To finish the case, we will add, that the calculus was almost entirely composed of uric acid, and showed, on analysis, only some slight traces of oxalate of lime. After every sitting the patient experienced a little feverishness, which rarely lasted till the following day; and at the same time there was sensibility in the hypogastrium, with prickings in the glans, and frequent desire of making water, which soon went off.

Baths were often employed, especially the bidet, as well as clysters, which were at various times simple, emollient, narcotic, and antispasmodic. He also had poultices upon the hypogastrium, with or without laudanum; and took infusions of chamomile, mallow, or violet, sweetened. The regimen was severe, and was often modified according to the indications.

But what contributed above all to the success of the operation, were the attentions of every kind, hygienic and therapeutic, which are lavished with such exactness upon all the patients under M. Pasquier's care, and which, unquestionably, go incalculably far towards the cure of a patient, particularly when the case requires long and assiduous treatment, as in the subject of this article. —*Gazette des Hôpitaux, from Lon. Med. Gazette, June, 1838.*

We have had occasion, says Madame Boivin, to see fine young women, who exhibited all the characters of maidenhood, extremely subject to catamenial irregularities, and each labouring under a scirrhus affection of the mammæ. Three of these patients were operated upon by the Baron Dubois: their respective ages were 22, 25, and 38.